

Reimbursement Form

Name:

Address:

Employee ID Number:

Vehicle License Number:

Amount:

Attach original gas receipt (be sure the number of gallons, cost per gallon & total amount of sale) and no other charges on the receipt (like beverages and snacks).

Mail this form to:

SD Fleet & Travel Mgmt.
Attn: Amy Sargent
500 E Capitol Ave
Pierre, SD 57501-9935

Please keep a copy of your receipt until you are reimbursed. (reimbursement will show on your payroll stub)

Any Questions, please call Amy at 605.773.6293

Signature

Date

Phone Number